
(DATE OF REQUEST)

Chief, Fisheries Sampling Branch
 National Marine Fisheries Service
 Northeast Fisheries Science Center
 166 Water Street
 Woods Hole, MA 02543-1097

To Whom It May Concern:

I, _____, the _____
(PRINT COMPLETE NAME) **(OWNER AND/OR CAPTAIN)**

of the vessel, F/V _____, # _____,
(VESSEL NAME) **(USCGDOC#)**

would like to request and authorize a release of the National Marine Fisheries Service (NMFS) observer data, collected and recorded aboard my vessel by a NMFS observer, to myself.

The information I request is from _____ trip _____.
(FISHERY) **(OBS/TRIP ID)**

This trip landed in _____ on _____.
(PORT CITY, STATE) **(DATE LANDED)**

I am making this request as the owner, or the authorized representative of the owner(s), of said vessel. I understand that I am responsible for these data upon release. I further understand that the data I receive may be preliminary, and not yet completely reviewed.

**ADDRESS TO WHICH REQUESTED
 DATA SHOULD BE SENT
 (IF NOT RECEIVED DIRECTLY):**

Sincerely,

(SIGNED NAME)

(PRINTED NAME)

OBSERVERS / DATA RELEASERS

Please check that all of the above information is complete, and correctly and legibly recorded.

Date requested data were copied and issued _____

Signature of data releasor _____

Printed name of data releasor _____